

NAME: ROCK FALLS, CITY OF
 ADDRESS: 603 W 10TH ST
 ROCK FALLS, IL 61071
 FACILITY LOCATION: ROCK FALLS, CITY OF
 101 CLEARWATER DR.
 ROCK FALLS, IL 61071
 ATTENTION: WILLIAM WESCOTT

IL0078301
 PERMIT NUMBER

INF-L
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61071
 MAJOR (SUBR 01)

MONITORING PERIOD						
MM	DD	YYYY	TO	MM	DD	YYYY
10	01	15		10	31	15

INFLUENT MONITORING AND REPORTING
 INFLUENT STRUCTURE
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day (20 DEG. C) 0310 1 0 RAW SEW / INFLUENT	SAMPLE MEASUREMENT	*****	*****	(26)	*****	93	*****	(19)	00	250	CP
	PERMIT REQUIREMENT	*****	*****	LBS/DY	*****	Req. Mon. MO AVG	*****	MG/L		3 DAYS WEEK	COMPOS
Solids, Total Suspended 0530 1 0 Raw Sew / Influent	SAMPLE MEASUREMENT	*****	*****	(26)	*****	177	*****	(19)	00	250	CP
	PERMIT REQUIREMENT	*****	*****	LBS/DY	*****	Req. Mon. MO AVG	*****	MG/L		3 DAYS WEEK	COMPOS
Flow, In Conduit or Thru Treatment Plant 0050 1 0 RAW SEW / INFLUENT	SAMPLE MEASUREMENT	1.282	1.510	(03)	*****	*****	*****		00	105	CN
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	**** ****		CONTINUOUS	CONTIN
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER William Wescott Mayor	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE				
		815	622-1125	15	11	05		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Edward J Cox</i>		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROCK FALLS, CITY OF
ADDRESS 603 W 10TH ST
 ROCK FALLS, IL 61071
FACILITY LOCATION ROCK FALLS, CITY OF
 101 CLEARWATER DR.
 ROCK FALLS, IL 61071
ATTN: WILLIAM WESCOTT


NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

IL0078301		001-0			
PERMIT NUMBER		DISCHARGE NUMBER			
MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
10	01	15	10	31	15

DMR Mailing ZIP CODE: 61071
 MAJOR (SUBR 01)
 STP OUTFALL
 EXTERNAL OUTFALL ***
 ***NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER <small>(32-37)</small>	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX <small>(62-63)</small>	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, Dissolved (DO)	SAMPLE MEASUREMENT	*****	*****		8.0	7.9	7.7	(19)	00	250	GR
00300 1 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	5.5 MO AV MN	4.0 MN WK AV	3.5 DAILY MN	MG/L		3 DAYS WEEK	GRAB
PH	SAMPLE MEASUREMENT	*****	*****		7.7	*****	7.8	(12)	00	250	GR
00400 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		3 DAYS WEEK	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	16	36	(26)	*****	1	3	(19)	00	250	CP
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	751 MO AVG	1501 DAILY MX	LBS/DY	*****	12 MO AVG	24 DAILY MX	MG/L		3 DAYS WEEK	COMPOS
NITROGEN, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	5.00	*****	(19)	00	285	CP
00600 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	Req. Mon. MO AVG	*****	MG/L		MONTHL Y	COMPOS
Nitrogen, Ammonia Total (as N)	SAMPLE MEASUREMENT	1	5	(26)	*****	0.092	0.440	(19)	00	250	CP
00610 1 3 Effluent Gross Value	PERMIT REQUIREMENT	94 MO AVG	394 DAILY MX	LBS/DY	*****	1.5 MO AVG	6.3 DAILY MX	MG/L		3 DAYS WEEK	COMPOS
Total (as N)	SAMPLE MEASUREMENT	1.0	*****	(26)	*****	0.2	*****	(19)	00	250	CP
00610 8 6 Other Treatment, Process Complete	PERMIT REQUIREMENT	238 WK AV	*****	LBS/DY	*****	3.8 WK AV	*****	MG/L		3 DAYS WEEK	COMPOS
PHOSPHORUS, TOTAL (as P)	SAMPLE MEASUREMENT	4.6	*****	(26)	*****	0.40	*****	(19)	00	250	CP
00665 1 0 Effluent Gross Value	PERMIT REQUIREMENT	63 MO AVG	*****	LBS/DY	*****	1 MO AVG	*****	MG/L		3 DAYS WEEK	COMPOS

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			AREA CODE	NUMBER	YEAR	MO	DAY
			815	622-1125	15	11	05

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LOW, IN CONDUIT OR THRU TREATMENT PLANT 0050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.364	1.740	(03)	*****	*****	*****		00	105	CN
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	**** ****		CONTINUOUS	CONTIN
Chlorine, Total Residual 0060 1 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(19)	00	500	GR
	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	.05 DAILY MX	MG/L		Chlorination/	GRAB
COLIFORM, FECAL GENERAL 0055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(12)	00	250	GR
	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	400 DAILY MX	#/ 100ML		3 DAYS WEEK	GRAB
OD, Carbonaceous 5 DAY, 20C 0082 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	12	17	(26)	*****	1	2	(19)	00	250	CP
	PERMIT REQUIREMENT	626 MO AVG	1251 DAILY MX	LBS/DY	*****	10 MO AVG	20 DAILY MX	MG/L		3 DAYS WEEK	COMPOS
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT								00		
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			AREA CODE	NUMBER	YEAR
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Edward Cox</i>				

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